PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Error Rates in a Clinical Data Repository: Lessons from the Transition to Electronic Data Transfer
AUTHORS	Yao, Henry Han-I; Hong, Matthew KH; Pedersen, John; Peters, Justin; Costello, Anthony; Murphy, Declan; Hovens, Chris; Corcoran, Niall

VERSION 1 - REVIEW

REVIEWER	Ben Challacombe. Consultant urologist. Guys hospital. London. UK. No conflicts of interest
REVIEW RETURNED	04-Feb-2013

GENERAL COMMENTS	This manuscript address an important issue in modern cancer databases: that of data errors. The message is applicable across multiple disciplines It compares 5 years of manual data entry that has now been performed and cross checked electronically. Did a physician enter the manual data and what was this persons medical training. Were they a prostate cancer specialist? How much interpretation is required in this type of data entry? Please state that this study is from Australia in the abstract. Some may not know where Victoria is. Please emphasise that numerical data or data with fixed field entry provides better quality concordance between manual and electronic data.

REVIEWER	Andre Kajdacsy-Balla, MD, PhD Professor of Pathology Director of the Transdisciplinary Pathology Division Department of Pathology, College of Medicine University of Illinois at Chicago USA
REVIEW RETURNED	28-Mar-2013

THE STUDY	There are no supplemental documents for this manuscript, and this reviewer does not see a need for them.
GENERAL COMMENTS	Excellent study design and data presentation. The authors did not mention how many manual transcribers (or their approximate number) were involved in the manual data entry portion

	of the study. Also, were they versed in medical terminology? This information would be important if one is to evaluate how much one can generalize the results.

VERSION 1 – AUTHOR RESPONSE

Reviewer: Mr. Ben Challacombe

1. "Did a physician enter the manual data and what was this persons medical training. Were they a prostate cancer specialist?"

Manual data entry was performed by four surgical residents with knowledge of prostate cancer pathology and versed in the relevant terminology. We have updated this in the methods section.

2. How much interpretation is required in this type of data entry?

Minimal interpretation was required in the manual data entry. It involves identifying the relevant fields and subsequently a direct copying of words and numbers, or converting the words into numbers (e.g. "Absent" = 0 and "Present" = 1) on the data-entry spreadsheet. Figure 1 shows an example of the synoptic pathology report used for data-entry.

3. "Please state that this study is from Australia in the abstract. Some may not know where Victoria is."

We have updated this in the abstract.

4. "Please emphasise that numerical data or data with fixed field entry provides better quality concordance between manual and electronic data."

We have updated this in the conclusion.

Reviewer: Professor Andre Kajdacsy-Balla

1. "The authors did not mention how many manual transcribers (or their approximate number) were involved in the manual data entry portion of the study. Also, were they versed in medical terminology? This information would be important if one is to evaluate how much one can generalize the results."

Four surgical residents with knowledge of prostate cancer pathology and versed in the relevant terminology were involved in the manual data entry portion of the study. We have updated this in the methods section.